



Department of Medical Assistance Services  
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<http://www.dmas.virginia.gov>

# MEDICAID MEMO

**TO:** All Services Facilitation Providers and Managed Care Organizations  
Participating in the Virginia Medical Assistance Program

**FROM:** Jennifer S. Lee, M.D., Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 10/1/18

**SUBJECT:** Consumer-Directed (CD) Services Fiscal/Employer Agent— Effective  
January 1, 2019 - *Update*

The purpose of this memorandum is to provide updated information regarding upcoming changes for consumer-directed personal care, respite, and companion services beginning **January 1, 2019**. CD services are available in the Community Living (CL), Family and Individual Supports (FIS), and Commonwealth Coordinated Care (CCC) Plus Waivers, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), and Medicaid Works.

## **VENDOR FISCAL/EMPLOYER AGENT FOR CONSUMER-DIRECTED SERVICES**

The current fiscal/employer agent (F/EA) contract with Public Partnerships, LLC (PPL) expires on December 31, 2018. The Department of Medical Assistance Services completed the required state procurement process and issued the contract award to a new F/EA, Consumer Direct Care Network, to be effective January 1, 2019. This vendor will perform F/EA services for participants using CD services reimbursed through fee for service. This includes services provided through the CL and FIS waivers, as well as those excluded from the CCC Plus managed care program. DMAS, PPL, and Consumer Direct Care Network will communicate to employers of record (EORs) and services facilitators over the coming weeks to provide additional information regarding this change and any steps that must be taken during this transition. Additionally, in-person town hall meetings will be conducted regionally with EORs, services facilitators, and attendants. Consumer Direct Care Network will be mailing introductory letters to EORs, attendants, and SFs in October. These letters will provide information about the transition and will include the times and dates for the regional town halls.

Effective January 1, 2019, managed care organizations (MCOs) for the CCC Plus and Medallion 4.0 (EPSDT) programs will subcontract with their own F/EA vendor to provide services for their members. Aetna Better Health of Virginia, Anthem HealthKeepers Plus, Optima Health, United Healthcare, and Virginia Premier Health Plan will continue to use PPL as their F/EA vendor. Aetna Better Health of Virginia will subcontract with Consumer Direct Care Network for new enrollments beginning in the Roanoke and Southwest regions. Magellan Complete Care of

Virginia will subcontract with ACES\$ Financial Management Services. Each MCO will make information available about their F/EA vendor during the open enrollment period.

Existing members/EORs and services facilitators will receive communications detailing enrollment changes and instructions for the new vendors. Please contact the MCOs for information regarding their chosen F/EA.

<b>Fiscal/Employer Agent Vendors, Effective January 1, 2019</b>	
DMAS (Fee for Service)	Consumer Direct Care Network
Aetna Better Health of Virginia	PPL
	Consumer Direct Care Network - new enrollments in Southwest and Roanoke
Anthem HealthKeepers Plus	PPL
Magellan Complete Care of Virginia	ACES\$ Financial Management Services
Optima Health	PPL
United Healthcare	PPL
Virginia Premier Health Plan	PPL

#### **MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)**

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting [www.MagellanHealth.com/Provider](http://www.MagellanHealth.com/Provider). If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting [www.magellanofvirginia.com](http://www.magellanofvirginia.com) or submitting questions to [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com).

#### **MANAGED CARE PROGRAMS**

Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans can be found on the DMAS website for each program as follows:

- Medallion 4.0:  
<http://www.dmas.virginia.gov/#/med4>
- Commonwealth Coordinated Care Plus (CCC Plus):  
<http://www.dmas.virginia.gov/#/cccplus>
- Program of All-Inclusive Care for the Elderly (PACE)  
<http://www.dmas.virginia.gov/#/longtermprograms>

### **COMMONWEALTH COORDINATED CARE PLUS**

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: <http://www.dmas.virginia.gov/#/cccplus>

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **KEPRO PROVIDER PORTAL**

Providers may access service authorization information including status via KEPRO's Provider Portal at <https://providerportal.kepro.com/Account/Login.aspx?ReturnUrl=%2f>

### **HELPLINE**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

### **TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE**

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is <http://www.dmas.virginia.gov/#/appealsresources> and the form can be accessed from there by clicking on, "Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

### **PROVIDERS: NEW MEDICARE CARDS ARE COMING**

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as

the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to [talk to your Medicare patients](#) about the new Medicare Card. Bookmark the [New Medicare Card](#) homepage and [Provider](#) webpage, and visit often, so you have the information you need to be ready by April 1<sup>st</sup>.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

**MEMBERS: NEW MEDICARE CARDS ARE COMING**

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that is unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:

<https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html>